

CareFirst BlueChoice, Inc.

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An independent licensee of the Blue Cross and Blue Shield Association

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AMENDMENT REVISED

This amendment is effective on the effective date of the Evidence of Coverage to which this amendment is attached.

The Evidence of Coverage is amended as follows:

- I. The introduction to Section 6, Mental Health and Substance Abuse Services, of the Description of Covered Services, is deleted and replaced with the following:

SECTION 6
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

WHERE	CAREFIRST BLUECHOICE PROVIDES	MEMBER PAYS
In Contracting Physician's offices or in other CareFirst BlueChoice approved facilities	Coverage for the services listed below. The coverage is subject to the limitations, if any, stated in the Schedule of Benefits.	Deductible, Copayments or Coinsurance, if any, required under the Member's coverage as stated in the Schedule of Benefits.
In a CareFirst BlueChoice approved hospital or Qualified Substance Abuse Treatment Facility, when admitted under the care of a Contracting Physician.	Coverage for the services listed below. The coverage is subject to the limitations, if any, described in the Schedule of Benefits.	Deductible, Copayments or Coinsurance, if any, required under the Member's coverage as stated in the Schedule of Benefits.

- II. Section 6.2, Outpatient Mental Health and Substance Abuse Services, of the Description of Covered Services is deleted and replaced with the following:

6.2 Outpatient Mental Health and Substance Abuse Services. CareFirst BlueChoice will review and evaluate claims for Outpatient Mental Health and Substance Abuse services to assess the Medical Necessity and appropriateness of the services. CareFirst BlueChoice will instruct the Member or the Member's representative, as applicable, about the procedures to follow, including the need to submit additional information and any requirements for re-notification during the course of treatment. Benefits will be provided for:

- A. Coverage of mental illness, emotional disorders, drug abuse and alcohol abuse is provided for Medically or Psychologically Necessary evaluation, diagnosis and treatment of acute and non-acute conditions.
- B. Medication management visits in connection with mental illness, emotional disorders, alcohol abuse and drug abuse will be covered in the same manner as medication management visits for physical illnesses and will not be counted as outpatient mental health or substance abuse treatment visits. Members are not required to obtain prior authorization for methadone maintenance treatment.

- C. Coverage of Medically or Psychologically Necessary services for substance abuse and related mental health conditions include detoxification and rehabilitative services in a CareFirst BlueChoice designated program.
- D. Other covered medical and medical Ancillary Services for conditions related to mental illness, emotional disorders, alcohol abuse and drug abuse on the same basis as other covered medical conditions.
- E. Partial hospitalization provided through a Qualified Partial Hospitalization Program.

III. Schedule of Benefits, Section 6, Mental Health and Substance Abuse Services, is deleted and replaced as follows:

Service	Limit on Benefits	Member Payment
SECTION 6 – MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Outpatient Mental Health and Substance Abuse Services		
Office Visits	Number of visits not limited	Benefits are available to the same extent as benefits provided for office visits for treatment of other illnesses in a Primary Care Physician's office
Outpatient Facility	Number of visits not limited	No Copay or Coinsurance
Professional Services Provided at an Outpatient Facility	Number of visits not limited	No Copay or Coinsurance
Medication Management Office Visits	Number of visits not limited	Benefits are available to the same extent as benefits provided for office visits for treatment of other illnesses in a Primary Care Physician's office
Methadone Maintenance	Number of visits not limited	No Copay or Coinsurance
Inpatient Mental Health and Substance Abuse Services		
Inpatient Mental Health and Substance Abuse Facility Services	Number of days not limited	Benefits are available to the same extent as benefits provided for inpatient hospital services for treatment of other illnesses.
Inpatient Mental Health and Substance Abuse Professional Services	Number of visits not limited	Benefits are available to the same extent as benefits provided for inpatient medical or surgical care at an inpatient hospital for treatment of other illnesses.
Partial Hospitalization Program		
Partial Hospitalization Program Facility Services	Number of visits not limited.	No Copay or Coinsurance

Service	Limit on Benefits	Member Payment
Professional Services Provided in a Partial Hospitalization Program	Number of visits not limited.	No Copay or Coinsurance

This amendment is issued to be attached to the Evidence of Coverage. This amendment does not change the terms and conditions of the Evidence of Coverage, unless specifically stated herein.

CareFirst BlueChoice, Inc.